



ATTORNEY DOCKET NO. P-US-PR 1094

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I believe that I am the original, first and sole inventor (if only one inventor is named below) or an original first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "HAND HELD DRILLING AND/OR HAMMERING TOOL WITH DUST COLLECTION UNIT" the specification of which:

☐ is attached hereto

X was filed on March 19, 2004, assigned Serial No. 10/804,416 and was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
<u>GB 0306487.0</u>	<u>UK</u>	<u>03/21/2003</u>	<u>X</u>	
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, §119(e) and/or §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application No.)	_____ (Filing Date)	(Status-Patent, Pending, Abandoned)
_____ (Application No.)	_____ (Filing Date)	(Status-Patent, Pending, Abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity or the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys to prosecute this application and/or international application and to transact all business in the Patent and Trademark Office connected therewith.

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GIVEN NAME	FAMILY NAME	2 nd INVENTOR'S SIGNATURE	DATE
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Atty. Ref. P-US-PR 1094



**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR SIGNING BY LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR
INCAPACITATED INVENTOR (CFR § 1.42 and § 1.43)**

I, ROSI WACHE, hereby declare that I am a citizen of Germany, residing at Am Kirchgarten 5, 65191 Weisbaden, Germany and that I am executing and signing the declaration to which this is attached, as legal representative (or heirs) of:

Robert Wache
Full name of deceased or incapacitated inventor

Germany
Country of citizenship of deceased or incapacitated inventor

Am Kirchgarten 5, 65191 Weisbaden, Germany
Residence of deceased or incapacitated inventor

Am Kirchgarten 5, 65191 Weisbaden, Germany
Post Office Address of deceased or incapacitated inventor

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: 22.6.04

Rosi Wache
Rosi Wache



AZ des Rechtsanwaltes: P-US-PR 1094

**ZUSATZSEITE ZUR ERKLÄRUNG MIT VOLLMACHT
ZUR UNTERZEICHNUNG DURCH DEN GESETZLICHEN VERTRETER NAMENS EINES
VERSTORBENEN ODER RECHTSUNFÄHIGEN ERFINDERS
(CFR¹ § 1.42 und § 1.43)**

Ich, ROSI WACHE, wohnhaft Am Kirchgarten 5, 65191 Wiesbaden, Bundesrepublik Deutschland, erkläre hiermit, dass ich deutsche Staatsangehörige bin und diese Erklärung, der dieses Schriftstück beigelegt ist, ausfertige und unterzeichne als gesetzliche Vertreterin (bzw. Erbin) von:

Robert Wache

Vollständiger Name des verstorbenen oder rechtsunfähigen Erfinders

Deutsch

Staatsangehörigkeit des verstorbenen oder rechtsunfähigen Erfinders

Am Kirchgarten 5, 65191 Wiesbaden, Bundesrepublik Deutschland

Wohnanschrift des verstorbenen oder rechtsunfähigen Erfinders

Am Kirchgarten 5, 65191 Wiesbaden, Bundesrepublik Deutschland

Postanschrift des verstorbenen oder rechtsunfähigen Erfinders

Dass ich die vom Erfinder zu machenden Angaben nach bestem Wissen und Gewissen vorbringe.

Datum: 22.6.04

Rosi Wache
Rosi Wache

¹ CFR = Code of Federal Regulations = (Veröffentlichung von) Bundesverordnungen und Verwaltungsvorschriften